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## Planning & Development Department

### APPLICANT'S GUIDE TO A GROUP HOME SUBMITTAL



**APPLICATIONS MUST BE ENTIRELY COMPLETED AT TIME OF SUBMITTAL AND ACCOMPANIED BY A \$100 COMPLIANCE INSPECTION FEE ALONG WITH THE FOLLOWING:**

1. A site/plot plan (seven copies). Include vicinity map.
  - Label and provide all property line dimensions, show all structures, existing and proposed on permit application, label intended use. Indicate setbacks from property lines and distances between buildings.
  - Include a north arrow and scale. The scale must allow the dimensions represented to be verified.
  - Show all building dimensions.
  - Show and label all easements (i.e., drainage, ingress/egress, public utility easements, etc.)
  - Indicate dedicated street access and names. Include existing and proposed items within road right-of-way.
  - Label the following: alignment of washes, slope and general elevation changes, vegetation, and type of driveway material (driveway must be paved or in the alternative surface with aggregate based crushed material).
  - Storage tanks (above or below ground) are considered accessory structures and must be depicted on site plans. Propane tanks 250 gallons or larger may be subject to Fire Marshall approval.
  - Single-family residences that require detailed technical/engineering review (hillside lots) are required to be sealed by an appropriate professional, registered in the State of Arizona.
  - Hillside requirements are mandated if construction/grading site has a portion of land with a slope of 15% or greater.
  - All applicable stipulations related to a Board of Adjustment or zoning case will have to be completed prior to building permit issuance.
2. A floor plan (two copies) of the residence or building where the home occupation will be located.
  - Identification of the rooms.
  - Label the number of residents to reside in each room.
  - The total number of residents.
3. A recorded deed/proof of ownership is required (one of the items listed below):
  - Warranty Deed, Special Warranty Deed, Grant Deed, Joint Tenancy Deed, Quit Claim Deed, Gift Deed, Guardians Deed, Sheriff's Deed, Correction Deed, Agreement of Sale Deed, Pay Off Deed (for an agreement of sale), Treasurer's Deed, Civil Judgment (Conveying Property), Deed of Distribution (Probate), Land Patent, Certificate of Purchase (like an agreement of sale before patent issued), Trustee's Deed, Affidavit for Transfer of Real Property, or other suitable evidence as may be approved by the Planning and Development Department.
4. A completed Supplemental Information form is required.
5. A completed Building Activity Application form is required for change of occupancy and/or alterations, etc.



## Planning & Development Department

### APPLICANT'S GUIDE TO A GROUP HOME SUBMITTAL



6. A completed copy of the State of Arizona form for zoning compliance.
  - The Arizona Department of Health Services supplies and requires this form for licensure.
7. A completed copy of the State of Arizona form for building safety compliance.
  - The Arizona Department of Health Services supplies and requires this form for licensure.
8. A Patent Easement Deed (when applicable) may be acquired at the Bureau of Land Management, 1 N. Central, Phoenix, (602) 417-9200, located at the northeast corner of Washington and Central Avenue.
9. Correct Assessor parcel numbers are critical for the review process. Incorrect Assessor parcel numbers may cause additional review time and additional office visits.

The following agencies may require additional information:	
<b>Maricopa County Flood Control District Regulatory Division 2801 W. Durango Street Phoenix, AZ 85009 (602) 506-1501</b>	<b>Maricopa County Department of Transportation Engineering Division 2901 W. Durango Street Phoenix, AZ 85009 (602) 506-8600</b>
Other Contact Information	
Blue Stake (locates underground utilities)	(602) 263-1100
Building Code Information	(602) 506-3301
Building and Drainage Inspections	(602) 506-3692
Registrar of Contractors	(602) 542-1502
Maricopa County Assessor's Office	(602) 506-3406
Maricopa County Zoning Information	(602) 506-3201
Arizona Department of Health Services	(602) 674-9775
Notes:	



# Planning & Development Department



## LAND USE APPLICATION

Application must be completed in full

TRACKING NUMBER:		ASSESSOR'S PARCEL NUMBER:	
<b>LOCATION INFORMATION</b>			
Street Address:			
City/State/Zip:			
Major Cross Streets:			
<b>PROPERTY OWNER INFORMATION</b>		<b>GENERAL INFORMATION</b>	
Owner:		Subdivision:	
Address:		Mobile Home Park Name:	
City/State/Zip:		Lot#:	Block#: Space#: Track #:
Phone:		Lot Square Feet:#:	
Alternate Phone:			
<b>AGENT/CONTACT INFORMATION</b>		<b>UTILITY INFORMATION</b>	
Contact Name:		Electric Co.:	Water Co.:
Phone:	( )	Gas Co.:	Sewer Co.:
Alternate Phone:	( )	Fire District:	
Fax Number:	( )		
<b>TYPE OF USE Select One</b>			
Agricultural <input type="checkbox"/>	Group Home <input type="checkbox"/>	Home Occupation <input type="checkbox"/>	Legal Non-Conforming <input type="checkbox"/> Mining <input type="checkbox"/>
<b>USE DESCRIPTION</b>			
<p>I certify I am the owner (or authorized agent for the owner) of the subject lot or parcel. I guarantee that the information provided on this application and related documents, including the site plan, are correct to the best of my knowledge.</p> <p>I hereby acknowledge that I am aware of, and understand State and County laws regarding the use of acreage for the purpose identified in this land use application.</p> <p>I understand that I am required to obtain a Record Permit, for any development or improvements placed onto the subject lot or parcel, if this application is approved for a land use, and may be exempt from portions of the Maricopa County Zoning Ordinance and the County Building Code.</p> <p>If at any time the parcel of land, structure or use no longer meets the requirements of the original approval, all requirements or regulations imposed by Maricopa County will apply and the parcel of land, structure, or use will be required to be brought into compliance.</p> <p>Owner's/Agent's Signature: _____ Date: _____ (Circle one)</p>			



Planning & Development  
Department  
CONTACT SUPPLEMENTAL



Complete applicable sections below.

TRACKING NUMBER:

LICENSED CONTRACTOR VERIFICATION

Verify that you are a licensed contractor under ARS Title 32, Chapter 10, Article 2 by providing information below.

LICENSE NUMBER AND CLASS:	NUMBER	CLASS	TRUST ACCOUNT NUMBER:	
TYPE OF LICENSE: Check one:	Architect <input type="checkbox"/>	Contractor <input type="checkbox"/>	Developer <input type="checkbox"/>	Engineer <input type="checkbox"/>
COMPANY NAME:				
STREET ADDRESS:				
CITY/STATE/ZIP:				
MAILING ADDRESS: (If different from above)				
CITY/STATE/ZIP:				
CONTACT PERSON 1:		TITLE:		
PHONE NUMBER: ( )		ALTERNATE PHONE: ( )		
CONTACT PERSON 2:		TITLE:		
PHONE NUMBER: ( )		ALTERNATE PHONE: ( )		
FAX NUMBER: ( )		E-MAIL:		

AGENT/CONTACT INFORMATION

BUSINESS NAME:	
ADDRESS:	
CONTACT PERSON 1:	TITLE:
PHONE NUMBER: ( )	ALTERNATE PHONE: ( )
CONTACT PERSON 2:	
PHONE NUMBER: ( )	ALTERNATE PHONE: ( )
FAX NUMBER: ( )	E-MAIL:



**Planning & Development  
Department  
BUILDING ACTIVITY APPLICATION**



<b><u>CURRENT ASSESSOR'S PARCEL NUMBER:</u></b> →	- -	<b>CONSTRUCTION SITE ADDRESS:</b>		
	(Department use only)		Number- Fraction-Direction- Street Name      Suffix	
<b>GO TO PERMIT NUMBER:</b>			City	State      Zip Code
<b>MAJOR CROSS STREETS:</b>				
<b>PROPERTY OWNER INFORMATION</b>			<b>GENERAL INFORMATION</b>	
Last Name:			Subdivision:	
First Name:			Mobile Home Park Name:	
Mailing Address:			Lot #:	Block #:      Space #:
City:			Tract #:	
State:      Zip Code:			Lot Sq. Ft.:	
Country If Other Than U.S.:			Valuation of Project:	
Day Phone: (      )			<b>WORK DESCRIPTION</b>	
Alternative Phone: (      )				
Fax Number: (      )				
Email:				
<b>DIRECTIONS TO JOB SITE</b>				
			Related case # (if applicable):	
			<b>UTILITIES TO PROPERTY</b>	
			Electric Co.      Water Co.	
			Gas Co.      Sewer Co.	
			Fire District.	
<b>COMMERCIAL</b>			<b>MINOR BUILDING PERMIT</b>	
<b>NEW :</b> <input type="checkbox"/>	<b>ADDITION:</b> <input type="checkbox"/>		<b>A/C UNIT:</b> <input type="checkbox"/>	
<b>TENANT IMPROVEMENT:</b> <input type="checkbox"/>			<b>ELECTRICAL:</b> <input type="checkbox"/>	
<b>Business Name:</b>			<b>AMPS:</b>	
<b>Signs:</b> <input type="checkbox"/>	<b>Type:</b>	<b>Sign Area:</b>	<b>GAS LINE:</b> <input type="checkbox"/>	
<b>RESIDENTIAL</b>			<b>OTHER:</b> <input type="checkbox"/>	
<b>NEW:</b> <input type="checkbox"/>	<b>ADDITION:</b> <input type="checkbox"/>		<b>Specify:</b>	
<b>Standard Plan No:</b>			<b>GRADING PERMIT:</b>	
<b>Option No:</b>			<b>GRADING PERMIT:</b> <input type="checkbox"/>	
<b>REMODEL</b> (Interior work only): <input type="checkbox"/>				
<b>ACCESSORY BUILDING:</b> <input type="checkbox"/>			<b>MOBILE HOME/MOVE-ON PERMIT</b>	
<b>Type:</b>			<b>MOBILE HOME:</b> <input type="checkbox"/>	
<b>POOL:</b> <input type="checkbox"/>			<b>MULTI-SECTIONAL:</b> <input type="checkbox"/>	
<b>Standard Plan No:</b> <b>Option No:</b> <b>Lin Ft:</b>			<b>MANUFACTURED HOME:</b> <input type="checkbox"/>	
<b>FENCE:</b> <input type="checkbox"/>	<b>POOL BARRIER</b> <input type="checkbox"/>		<b>Year of MH:</b>	
<b>Fence type:</b>	<b>Height:</b>	<b>Lin Ft:</b>	<b>MOVE-ON :</b> <input type="checkbox"/>	
<b>COMPLIANCE INSPECTION</b>				
<b>Type:</b> <input type="checkbox"/>				
<p>The owner or authorized agent for the owner of the subject lot or parcel guarantees access to Maricopa County personnel and appropriate emergency service providers for the purpose of building inspections, zoning enforcement and the provision of emergency services. I agree to abide by all of the development laws of Maricopa County. The information and plans provided are correct to the best of my knowledge including recorded lot dimensions and structure locations. I understand that the filing of an application containing false or incorrect information, with the intent to avoid the licensing requirement of ARS Title 32, is falsification pursuant ARS section 13-2704 and is a class 2 misdemeanor.</p>				
Owner/Builder will do the work themselves, with their own employees, for owner's use and not for sale or rental within one year of completion.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
I certify that the building(s) included on the attached site plan do not have wastewater plumbing, that no part of the building(s) or vehicle access is within 10' of the septic system, and that no part of the proposed construction will negatively impact the septic system.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is your driveway tying into a Maricopa County right-of-way?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Owner/Applicant is claiming another exemption under ARS, Section 32-1121.A. A signed statement from the Registrar of Contractors verifying exemption must be attached.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>OWNER / AGENT / CONTRACTOR'S SIGNATURE:</b> (Circle One)			<b>DATE:</b>	

## PERMIT APPLICATION

Arizona Department of Health Services

### ZONING CLEARANCE

**INSTRUCTIONS FOR THIS PAGE** All facilities applying for initial licensure must provide evidence of proper zoning. You, as the applicant, will complete the top portion of this page. You are responsible for having the lower half of this page completed by a representative of the local zoning authority of having jurisdiction. Contact your local city planning and zoning department. If your facility is outside of the city limits, contact the county planning and zoning department.

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**APPLICANT: Please complete the top portion of this page.**

---

NAME OF FACILITY \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

TYPE OF USE INTENDED FOR THIS ADDRESS \_\_\_\_\_

WILL THERE BE OVERNIGHT STAY AT THIS FACILITY? \_\_\_\_\_

---

#### CITY/COUNTY ZONING AUTHORITY

---

1. Is the address noted above property zoned for the owners intended use? Yes ( ) No ( )

2. If not, what requirements will have to be met before zoning clearance can be obtained?

\_\_\_\_\_

3. If a Special Use Permit is necessary, has one been issued and does it authorize the intended use above? Yes ( ) No ( )

Name (print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Phone: \_\_\_\_\_

Title \_\_\_\_\_ Office: \_\_\_\_\_

Arizona Department of Health Services

ASSISTED LIVING FACILITY  
LETTER OF COMPLIANCE

THIS DOCUMENT IS TO CERTIFY THAT THE HOME OF:

Name of Provider: \_\_\_\_\_

Name of Adult Care: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

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Lower half to be completed by city or county representative.

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1. Is in compliance with all building code requirements of the city/county of \_\_\_\_\_ to establish an Assisted Living Facility, and
2. Is approved to care for a maximum of \_\_\_\_\_ residents.
3. The facility listed above was originally built according to local codes and standards as evidenced by construction permit and inspection on file at this city/county office:  
  
( ) Yes ( ) No ( ) Other

---

Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Office \_\_\_\_\_

This document is to provide the Department of Health Services with evidence that Adult Care Home services can be approved in your city/county. Since various cities and counties within Arizona do not provide special building inspections or require the installation of particular devices for the approval of an Adult Care Home, we are requesting from those cities/counties, completion of this document to show that your city/county is aware of this project and approves. If there are any questions, please contact the Office of Assisted Living Licensure at (602) 674-9775. This document is not meant to represent zoning approval.

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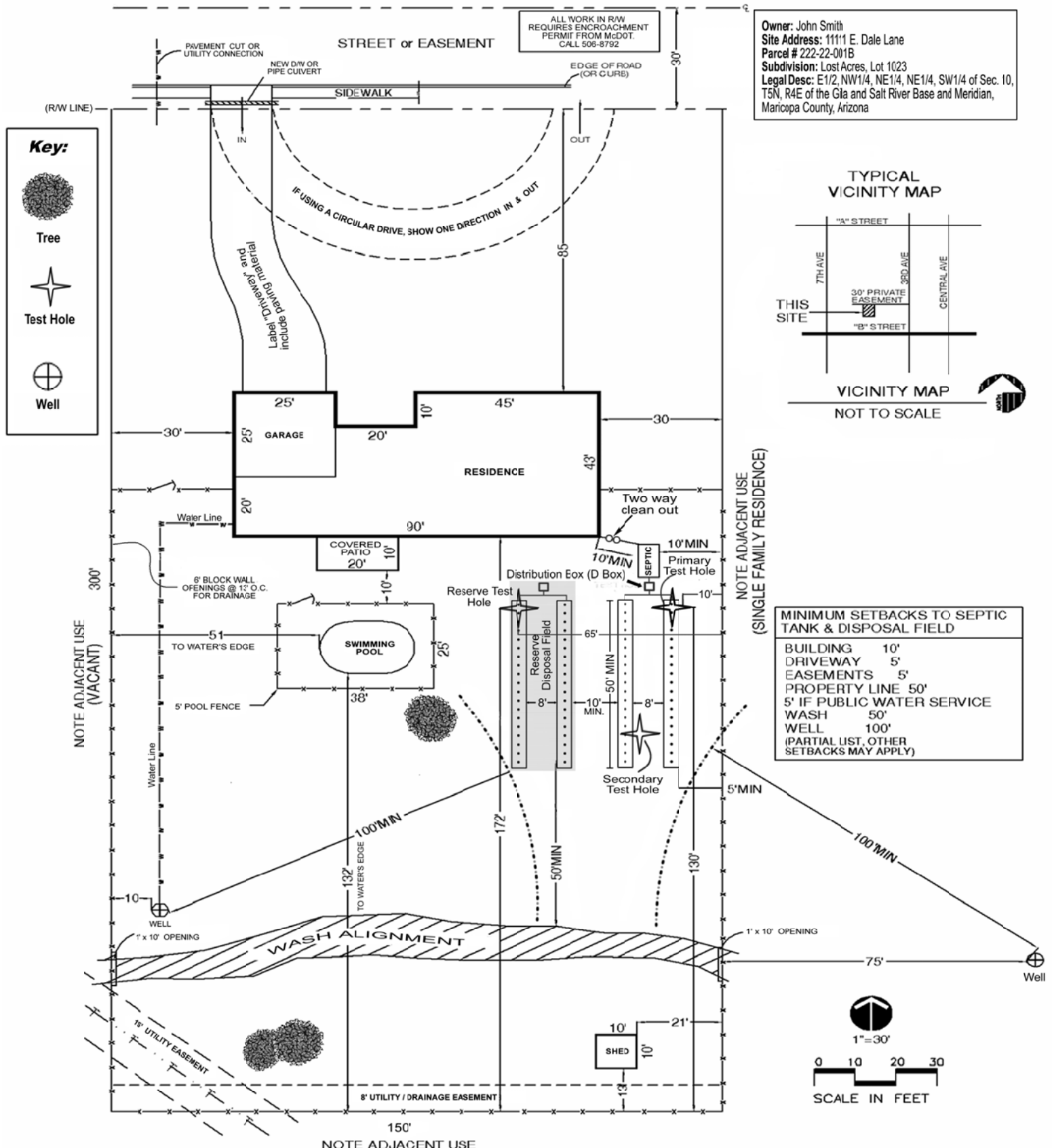




# Planning & Development Department



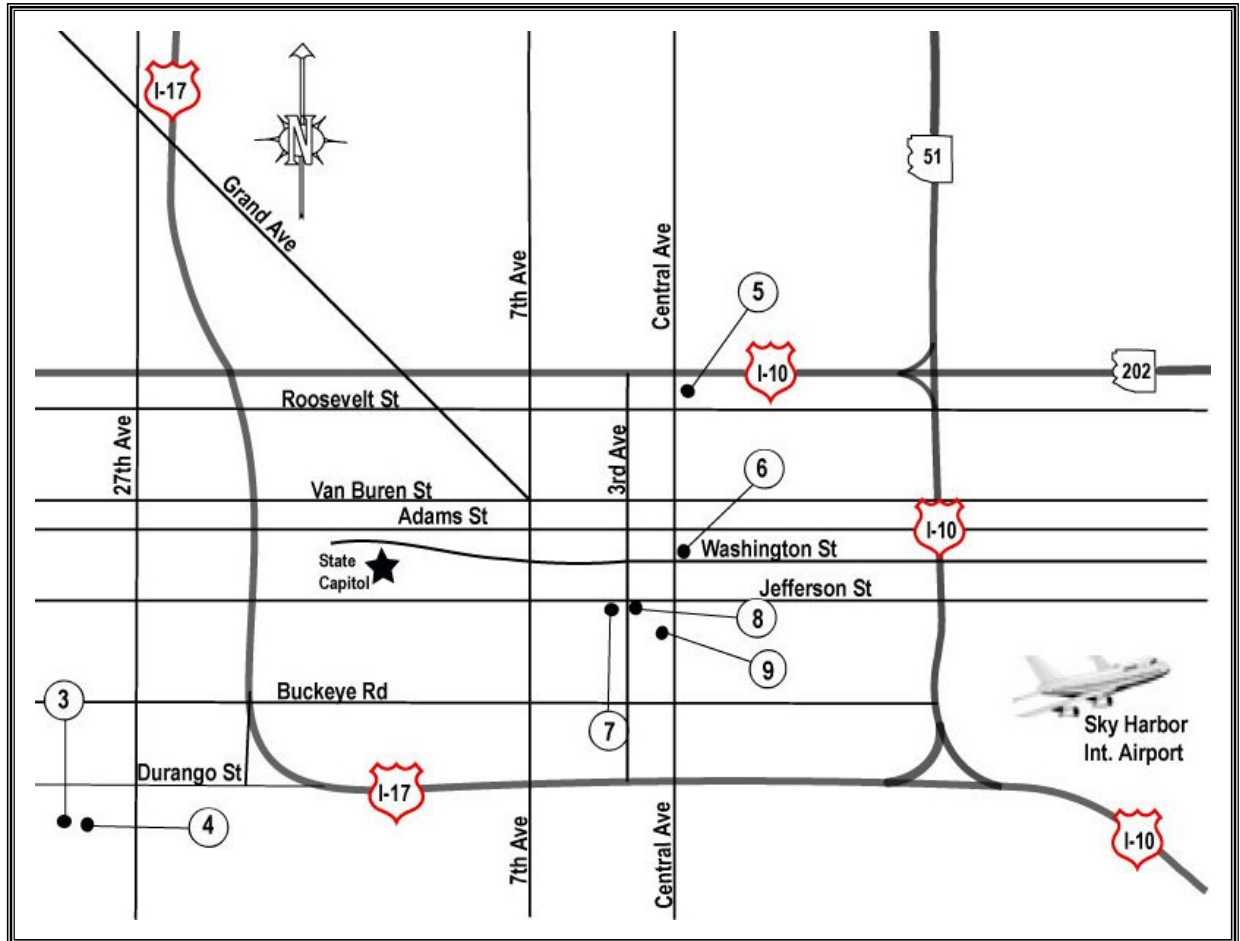
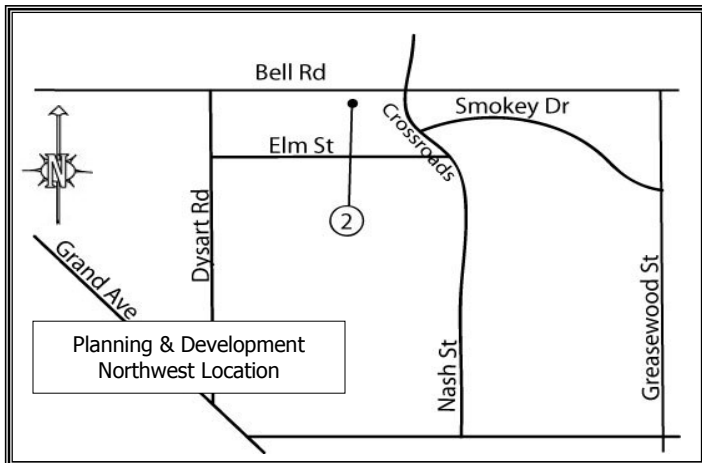
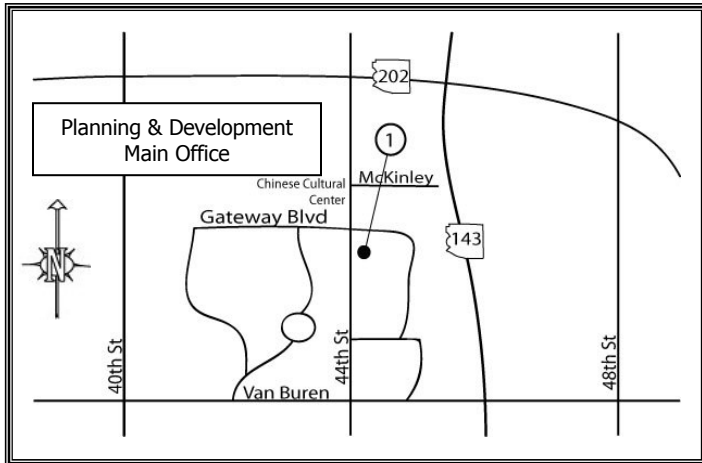
## TYPICAL RESIDENTIAL SITE PLAN





# Planning & Development Department

## PERMITS FACILITIES DIRECTORY



- 1.) Planning & Development** (602) 506-3301  
501 N. 44<sup>th</sup> St, Suite 200 Fax: (602) 506-3601
- 2.) Planning & Dev N.W. Office** (623) 875-1361  
12975 W. Bell Rd. Fax: (623) 583-7143
- 3.) Department of Transportation** (602) 506-8600  
2901 W. Durango St.

- 4.) Flood Control District** (602) 506-1501  
2801 W. Durango St.
- 5.) Environmental Services** (602) 506-6666  
1001 N. Central Ave
- 6.) B.L.M.** (602) 417-9200  
1 N. Central Ave

- 7.) Assessor's Office** (602) 506-3406  
301 W. Jefferson St.
- 8.) Recorder's Office** (602) 506-3535  
111 S. 3<sup>rd</sup> Ave
- 9.) Sheriff's Office** (602) 876-1070  
201 W. Jefferson St.  
(Records & ID)